

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/622147

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
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13		2					63						
14		2					64						
15		2					65						
16		2					66						
17	/						67						
18		1					68						
19		1					69						
20		3					70						
21		1					71						
22		3					72						
23		3					73						
24		3					74						
25		3					75						
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27		3					77						
28		3					78						
29		3					79						
30		3					80						
31	/						81						
32		1					82						
33		2					83						
34		2					84						
35		1					85						
36		1					86						
37		2					87						
38		2					88						
39		2					89						
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42							92						
43							93						
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47							97						